

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

**ELIGIBILITY CONDITIONS AND REQUIREMENTS**

Enforcement of Compliance for Nursing Facilities

**Termination of Provider Agreement:** Describe the criteria (as required at §1919 (h) (2) (A)) for applying the remedy.

X Specified Remedy

(Will use the criteria and notice requirements specified in the regulation.)

Chapter 18.51 RCW